

**REGISTRATION FORM FOR A CAMPAIGN
COMMITTEE FOR USE BY CANDIDATE**

Year of Election:

☐ Original
☐ Amendment

Date of this registration:

Committee:
(Full Name)Candidate:
(Full Name)

Address:

Address:

Telephone Number(s):
Area CodeTelephone Number(s):
Area CodeChairperson:
(Full Name)Treasurer:
(Full Name)

Address:

Address:

Give Name of Office Sought: (include district, post or
judicial circuit)☐ State _____☐ County _____☐ Municipal _____Party Affiliation:
(Optional) ☐ Democrat ☐ Republican ☐ Other or None

For Office Use

SIGNATURE OF CANDIDATE REGISTERING COMMITTEE